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CONFIRMATION NO. 6149

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APPLICANTS

John T. Bennington, Chesterland, OH; *SS*

\*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/035,991 12/31/2001 PAT 6,698,477 *SS*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>CSH</i>	Initials	

ADDRESS

023266  
 DRIGGS, LUCAS, BRUBAKER & HOGG CO., L.P.A.  
 DEPT. DLBH  
 8522 EAST AVENUE  
 MENTOR , OH  
 44060

TITLE

Split wheel stump cutter with replaceable tooth blocks and cutting teeth

FILING FEE  RECEIVED 394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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